

NOTICE OF PRIVACY PRACTICES
EFFECTIVE: SEPTEMBER 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions or comments about this Notice, or if you wish to request additional information about this Notice, please contact the Practice's Privacy Officer in writing:

Cathi Ratasiewicz
4745 Ogletown-Stanton Rd., Ste 207
Newark, DE 19713

A. OUR COMMITMENT TO YOUR PRIVACY

Women First, LLC (the "Practice") is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. This Notice applies to your medical information in the possession of the Practice. It does not apply to your medical information in the possession of other health care providers such as hospitals even though in many cases we created these records if you were a patient in an in-patient or out-patient setting at the hospital. Hospital records are subject to hospital privacy practices described in hospital notices and the Practice agrees to abide by the terms of all such notices.

We are required by law and our own procedures:

- To maintain the confidentiality of your medical information;
- To provide you with this Notice of our legal duties, commitment and privacy practices concerning your medical information; and
- To follow the terms of our Notice of Privacy Practices, as it may be amended from time to time.

To summarize, this Notice provides you with the following important information:

- How we may use and disclose your medical information;
- Your privacy rights in your medical information; and
- Our obligations concerning the use and disclosure of your medical information.

CHANGES TO THIS NOTICE

The terms of this Notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of the information that we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. We will post a copy of our current Notice in our offices in a prominent location, and you may request a copy of our most current Notice during any visit.

WHO WILL FOLLOW THIS NOTICE

Any practitioner or other person employed by or otherwise associated with the Practice who is part of your care or otherwise has access to your medical information.

All other employees of the Practice.

B. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe, in general, the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

Treatment

The Practice may use and disclose your medical information to treat you. For example, we may ask you to undergo laboratory tests and we may use the results to help us reach a diagnosis. Additionally, we may disclose your medical information to others who may assist in your care, such as a hospital and, if applicable, another practitioner, a spouse, children or parents.

Payment

The Practice may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may share with your insurer details regarding your treatment to determine if your insurer will pay for your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items.

Health Care Operations

The Practice may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you receive quality care. For example, the Practice may use your medical information to evaluate the quality of care you received from us, or to conduct management and business planning activities for the Practice.

Appointment Reminders

The Practice may use and disclose your medical information to remind you that you have an appointment.

Treatment Alternatives/Health-Related Benefits and Services

The Practice may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

Required by Law

The Practice will use or disclose medical information about you when required by applicable law.

Public Health Activities

The Practice may disclose your medical information for public health activities, including generally:

- to prevent or control disease, injury or disability;
- to maintain vital records, such as births and deaths;
- to report child abuse or neglect;
- to notify a person regarding potential exposure to a communicable disease;
- to notify a person regarding a potential risk for spreading or contracting a disease or condition;
- to report reactions to drugs or problems with products or devices;
- to notify you if a product or device you may be using has been recalled;
- to notify appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and
- to notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

Abuse, Neglect, and Domestic Violence

If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or is otherwise not in your best interest.

Health Oversight Activities

The Practice may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

Lawsuits and Similar Proceedings

The Practice may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or

similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you or your attorney of the request or to obtain an order protecting the information the party has requested, if required by law.

Law Enforcement

The Practice may release medical information if asked to do so by law enforcement officials:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
 - concerning a death if such officials believe might have resulted from criminal conduct;
 - regarding criminal conduct at our offices;
 - in response to a warrant, summons, court order, subpoena or similar legal process;
 - to identify/locate a suspect, material witness, fugitive or missing person; and
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Coroners, Medical Examiners, and Funeral Directors

The Practice may release medical information to a coroner or medical examiner. This may be necessary, for example to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation

The Practice may use or disclose your medical information, when appropriate, to organizations that handle organ and tissue procurement, banking, or transplantation.

Research

Under certain very specific circumstances, the Practice may use and disclose medical information about you for research purposes. All research projects, however, are subject to an approval process which will evaluate the research project's use of medical information, in order to balance research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, so long as the medical information they review does not leave our premises.

Serious Threats to Health or Safety

The Practice may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these

circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Government Functions

The Practice may disclose your medical information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your medical information to federal officials for intelligence and national security activities authorized by law.

Furthermore, the Practice may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation

The Practice may release your medical information for workers' compensation and similar programs.

Business Associates

We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your medical information and are not allowed to use or disclose any medical information other than as specified in our contract.

Data Breach Notification Purposes

We may use or disclose your medical information to provide legally required notices of unauthorized access to or disclosure of your medical information.

Protective Services for the President and Others.

We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

C. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such medical information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief

We may disclose your medical information to disaster relief organizations that seek your medical information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

D. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that the Practice maintains about you:

Requesting Restrictions

You have the right to request a restriction on our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request, but we will if we reasonably can. However, if we do agree with your request, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. If we disclose your medical information for emergency treatment, we will request that all treating health care providers not further use or disclose the information. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to our Privacy Officer listed on page 1. Your request must describe: (i) the information you wish restricted; (ii) whether you are requesting to limit the Practice's use, disclosure or both; and (iii) to whom you want the limits to apply. Please see our receptionist to obtain an appropriate request form.

Confidential Communications

You have the right to request that the Practice communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home, rather than work.

In order to request a confidential communication, you must make a written request to our Privacy Officer listed on page 1 specifying the requested method of contact, or the location where you wish to be contacted. The Practice will accommodate reasonable requests. You do not need to give a reason for your request but if your request is based on your belief that if the request is not accepted you could be endangered, you should tell us and we will accommodate the request. Please see our receptionist to obtain an appropriate request form.

Inspection and Copies

You have the right to inspect and obtain a copy of the medical

information that may be used to make decisions about you, including your medical records and billing records, but not any psychotherapy notes we have in our possession. You must submit your request in writing to our Privacy Officer listed on page 1 in order to inspect and/or obtain a copy of your medical information. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. The Practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional chosen by us. Please see our receptionist to obtain an appropriate request form.

Amendment

You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the Practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer listed on page 1. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

- accurate and complete;
- not part of the medical information kept by or for the Practice;
- not part of the medical information which you would be permitted to inspect and copy; or
- not created by the Practice, unless the individual or entity that created the information is not available to amend the information.

Please see our receptionist to obtain an appropriate request form.

Accounting of Disclosures

You have the right to request an accounting of disclosures which is a list of certain disclosures our organization has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer listed on page 1. All requests for such an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but the Practice may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request in writing before you incur any costs.

Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of the Notice of Privacy Practices at any time. To obtain a paper copy of this notice, contact our Privacy Officer listed on page 1.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with the Practice and/or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice, contact our Privacy Officer listed on page 1. All complaints must be submitted in writing. Please see our receptionist to obtain an appropriate request form. You will not be penalized for filing a complaint.

Right to an Electronic Copy of Electronic Medical Records

If your medical information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your medical information in the form or format you request, if it is readily producible in such form or format. If the medical information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach

You have the right to be notified upon a breach of any of your unsecured medical information.

Out-of-Pocket-Payments

If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Fundraising Communications

You have the right to opt out of fundraising communications from the Practice by submitting written notice to our Privacy Officer.

Written Authorization is Required for Uses and Disclosures for Marketing Purposes, Uses and Disclosures Constituting a Sale, Uses and Disclosures of Psychotherapy Notes, and Other Uses and Disclosures

The following uses and disclosures of your medical information will be made only with your written authorization:

1. Uses and disclosures of medical information for marketing purposes;
2. Uses and disclosures that constitute a sale of your medical information; and
3. Uses and disclosures of any psychotherapy notes.

Other uses and disclosures of your medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer use or disclose your medical information under the authorization. Uses and disclosures that we made in reliance

on your authorization before you revoked it will not be affected by the revocation.

E. STATE LAW AND REGULATION

The Federal law that protects the confidentiality of your medical information is known by the acronym HIPAA. HIPAA overrides state

law when it provides more protection of your medical information but is subordinate to state law and regulation when state law provides more protection than that provided by HIPAA. This Notice is one required by HIPAA, but the Practice is also equally committed to maintain the confidentiality of your medical information as required by applicable state law and regulation.

**WOMEN FIRST, LLC
ACKNOWLEDGEMENT OF RECEIPT OF
SEPTEMBER 23, 2013 NOTICE OF PRIVACY PRACTICES**

By signing this document, I acknowledge that I have received a copy of the Notice of Privacy Practices of Women First, LLC.

Signature

Print Name

DATED: _____

OFFICE USE ONLY

Date acknowledgement received: _____

OR

Date and reason acknowledgement was not obtained:

By: _____
Signature